



CHANGE OF ADDRESS AND/OR NAME
NORTH DAKOTA DEPARTMENT OF INSURANCE
SFN 50072 (Rev. 9-2005)

Pursuant to NDCC 26.1-26-33, every licensee is required to notify the commissioner of any change in the licensee's residential or business address or legal name within thirty days of the change. Any licensee who ceases to maintain residency in this state shall deliver the insurance license to the commissioner by personal delivery or by mail within thirty days after terminating residency.

Please complete and return this form within thirty days of a name or address change. You may return the form by mail or fax to:

Commissioner of Insurance
State of North Dakota
600 East Boulevard, Dept 401
Bismarck, ND 58505-0320
FAX: 701-328-4880

Name (as it appears on your license)		
If Individual-Social Security Number or National Producer Number	OR	If Business Entity - Federal ID Number

NAME CHANGE

Change Name	
From:	To:

Individuals: Attach copy of legal document such as marriage license or court order.

Business Entity: Name must first be amended with ND Secretary of State.

NEW RESIDENT ADDRESS

Physical Street Address	City	State	Zip Code
Home Telephone Number	Date Change Becomes Effective		

NEW MAILING ADDRESS

Agency Name (If Applicable)			
Street Address	Address Line 2		
City	State	Zip Code (9 Digits Preferred)	Date Change Becomes Effective

NEW BUSINESS ADDRESS

Agency Name (If Applicable)			
Physical Street Address	City	State	Zip Code
Business Telephone Number	Date Change Becomes Effective		

X

Signature

Date